

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 15, 2008

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Firethorn Golf Club, 9301 Firethorn Lane requesting a class C liquor license.

A portion of this business has been annexed into the City of Lincoln. This area held a class C liquor license which was approved by Lancaster County.

Mark Wible has requested that he be approved as the manager of the liquor license.

Mr. Wible is current on the required training. His background information is on file and available for review on your request.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

RECEIVED

SEP 09 2000

NEBRASKA LIQUOR

CONTROL COMMISSION

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

### CHECK DESIRED CLASS(S)

#### RETAIL LICENSE(S)

- |                                     |   |                                               |         |
|-------------------------------------|---|-----------------------------------------------|---------|
| <input type="checkbox"/>            | A | BEER, ON SALE ONLY                            | \$45.00 |
| <input type="checkbox"/>            | B | BEER, OFF SALE ONLY                           | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/>            | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/>            | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY  | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

#### MISCELLANEOUS

- |                          |   |                          |                        |                       |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | O | Boat                     | \$ 95.00               |                       |
| <input type="checkbox"/> | V | Manufacturer             | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer           | \$545.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | X | Wholesale Liquor         | \$795.00               | \$5,000 minimum bond  |
| <input type="checkbox"/> | Y | Farm Winery              | \$295.00               | \$1,000 minimum bond  |
| <input type="checkbox"/> | Z | Micro Distillery         | \$295.00               | \$1,000 minimum bond  |

All Class C licenses expire October 31<sup>st</sup>

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- |                                     |                                                   |
|-------------------------------------|---------------------------------------------------|
| <input type="checkbox"/>            | Individual License (requires insert form 1)       |
| <input type="checkbox"/>            | Partnership License (requires insert form 2)      |
| <input type="checkbox"/>            | Corporate License (requires insert form 3a & 3c)  |
| <input checked="" type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Mark Wible Phone number: 402.488.6467 X-104

Firm Name Firethorn Golf Company, LLC

**PREMISE INFORMATION**

Trade Name (doing business as) Firethorn Golf Club

Street Address #1 9301 Firethorn Lane

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68520

Premise Telephone number 488.6467 X-104

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission)

Name SAME

Street Address #1 \_\_\_\_\_

Street Address #2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

*See attached*



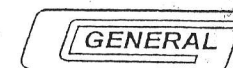
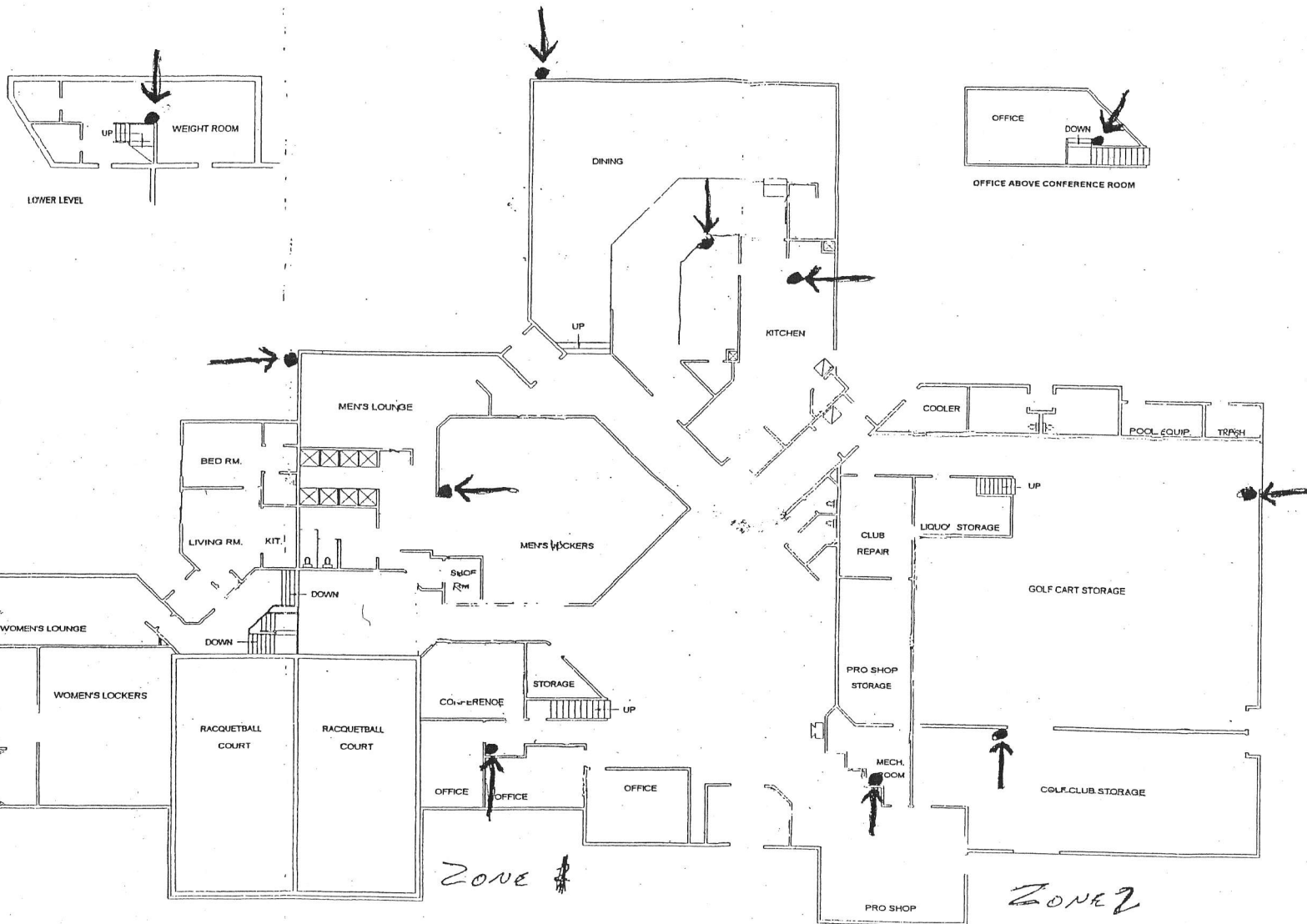
= Property  
Annexed + moving  
to City license

= property  
remaining under  
License # 62885

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NEBRASKA LIQUOR  
CONTROL COMMISSION

PROPOSED ANNEXATION/CHANGE OF ZONE  
LEGAL DESCRIPTION EXHIBIT





**FIRE and SAFETY  
EQUIPMENT COMPANY  
OF LINCOLN, INC.**

3920 N. 27th Street Lincoln, Nebraska  
487-4497 1-800-228-4555

#### NOTES

1. System meets NFPA 72 Series, State & Federal codes
2. Components meet panel manufacturer's requirements for compatibility.

#### LEGEND

- ◡ SMOKE DETECTOR
- ◡ HORN
- ◡ MANUAL PULL STATION
- HEAT DETECTOR

Existing devices are drawn in fine lines

#### PROJECT

**FIRETHORN CLUBHOUSE  
FIRE ALARM UPGRADE**

#### SHEET TITLE

**COMPONENT LAYOUT**

#### DATE

9/8/95

#### FILE NAME

FIRE

#### CAD BY

AJ

#### PROJECT NUMBER

145379

← = FIRE EXTINGUISHER

**RECEIVED**

SEP 09 2000

NEBRASKA LIQUOR  
CONTROL COMMISSION

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Mark Wible - a couple of speeding tickets over the last 20 years

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO Not to establish or operate but we have an existing Mortgage

If yes, list the lender Union Bank & Trust Co

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank & Trust Co.

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Firethorn Golf Company, LLC Lancaster County License # 62885

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Mark Wible 60+ hours (Club manager)  
Bryce Rowell 40+ hours (Beverage manager)

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

Mark Wible - 3.5 years as owner/manager RHC Training  
Bryce Rowell - 6+ years in Food & Beverage at Firethorn - 1 yr as Beverage manager 8/14/08

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date \_\_\_\_\_

☒ Deed

☐ Purchase Agreement

15. When do you intend to open for business? Operating under County License #62885

16. What will be the main nature of business? Golf Club

17. What are the anticipated hours of operation? Seasonal - Restaurant 10:00 am - 1:00 am (may close earlier for lack of business)

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

APPLICANT: CITY & STATE		YEAR		SPOUSE: CITY & STATE		YEAR	
		FROM	TO			FROM	TO
<u>Lincoln, NE.</u>							
<u>8316 East Pointe Rd.</u>		<u>7/1997</u>	<u>12/01</u>	<u>SAME</u>			
<u>3111 Crown Pointe Rd.</u>		<u>12/01</u>	<u>Present</u>	<u>SAME</u>			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

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Mark A. Wible  
Signature of Applicant

Iron Prairie, LLC  
By: Mark A. Wible Member  
Signature of Applicant

Union Bank & Trust Co. Custodian for  
Mark W. Harsanyi Individual Retirement Account  
By: Mark W. Harsanyi  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

Crime Hannah Cible  
Signature of Spouse

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Signature of Spouse

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Signature of Spouse

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Signature of Spouse

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Signature of Spouse

State of Nebraska

County of Lancaster

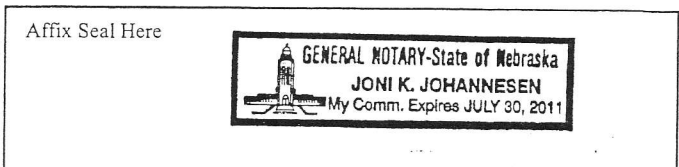
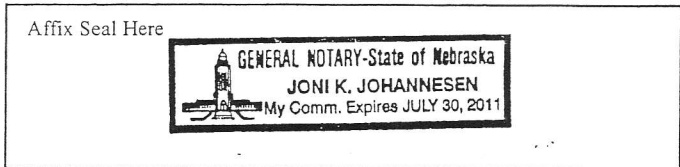
The foregoing instrument was acknowledged before  
me this 8/20/08 by

Joni K. Johannesen  
Notary Public signature

County of Lancaster

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ⓧ Patrick E. Clare  
Signature of Applicant

ⓧ Leinda L. Clare  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

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Signature of Applicant

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Signature of Spouse

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State of Nebraska

County of Lancaster

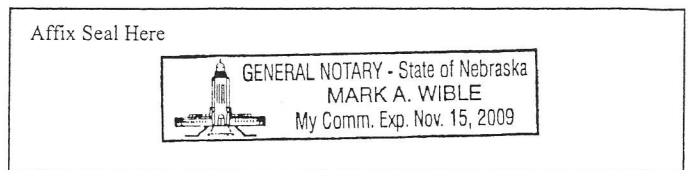
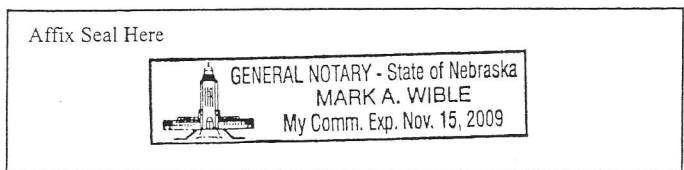
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Mark A. Wible  
Notary Public signature

County of Lancaster

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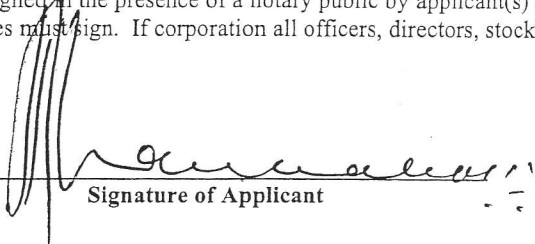
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Signature of Spouse

State of Nebraska

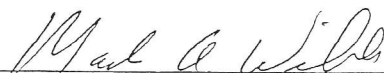
County of Lancaster

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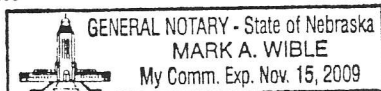
  
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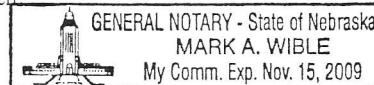
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Affix Seal Here



Affix Seal Here

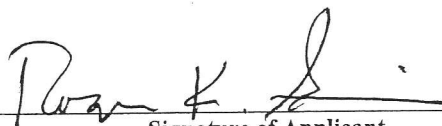


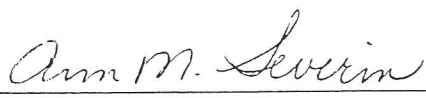


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ⓧ   
Signature of Applicant

ⓧ   
Signature of Spouse

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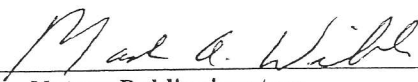
State of Nebraska

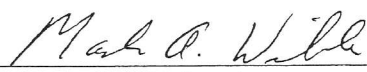
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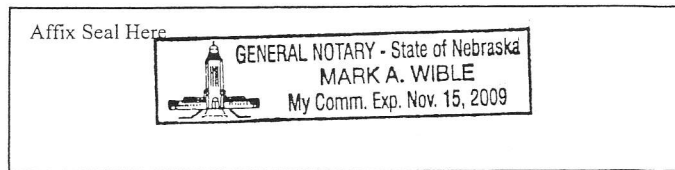
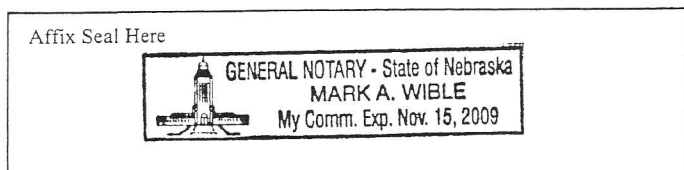
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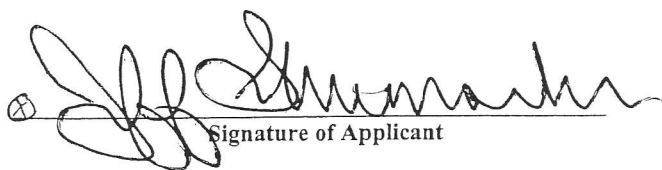
  
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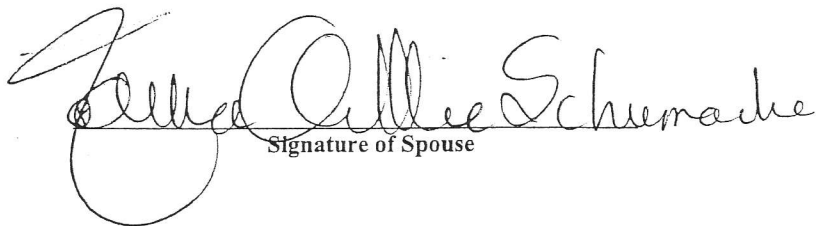


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Signature of Spouse

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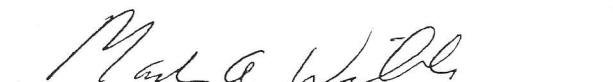
State of Nebraska


County of Lancaster

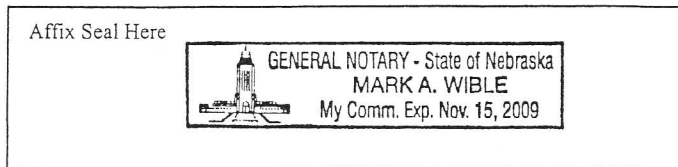
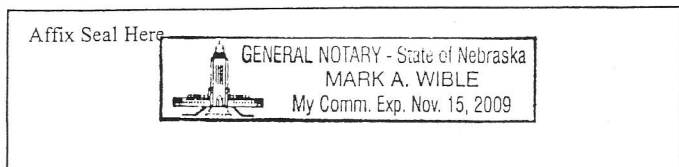
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Notary Public signature

  
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# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use  
**RECEIVED**

SEP 09 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

**RECEIVED**

APR 03 2008

I acknowledge that I am the spouse of a liquor license holder. My signature below ~~NEBRASKA LIQUOR CONTROL COMMISSION~~ have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

① Ann Severin

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Ann Severin

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

March 10, 2008

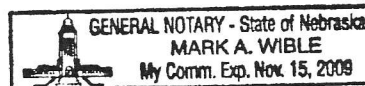
date

by Ann Severin

name of person acknowledged

Mark A. Wible  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

① Roger Severin

Signature of individual involved with application  
(Spouse of individual listed above)

Roger Severin

Printed name of applying individual

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

March 10, 2008

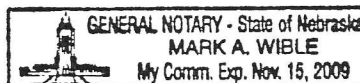
date

by Roger Severin

name of person acknowledged

Mark A. Wible  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

# RECEIVED

SEP 09 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Laura Schumacher* Laura Schumacher

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

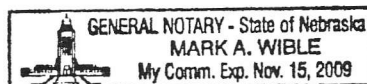
The foregoing instrument was acknowledged before me this

March 10, 2008  
date

by Laura Schumacher  
name of person acknowledged

*Mark A. Wible*  
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*Jeff Schumacher*  
Signature of individual involved with application  
(Spouse of individual listed above)

Jeff Schumacher  
Printed name of applying individual

State of Nebraska

County of Lancaster

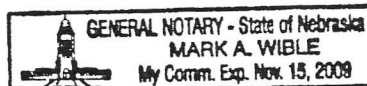
The foregoing instrument was acknowledged before me this

March 10, 2008  
date

by Jeff Schumacher  
name of person acknowledged

*Mark A. Wible*  
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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Office Use

# RECEIVED

SEP 09 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.



Signature of spouse asking for waiver  
(Spouse of individual listed below)

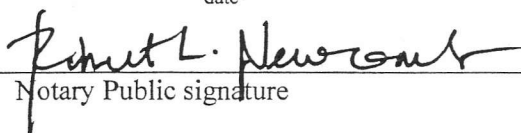


Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

8/27/2008  
date

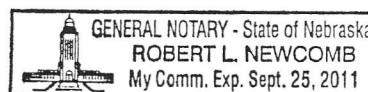


Notary Public signature

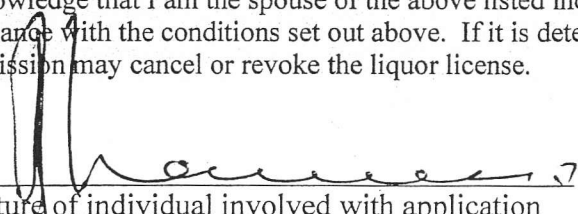
The foregoing instrument was acknowledged before me this

by Kiran Gangahar  
name of person acknowledged

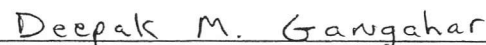
Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.



Signature of individual involved with application  
(Spouse of individual listed above)




Printed name of applying individual

State of Nebraska

County of Lancaster

8/27/2008  
date

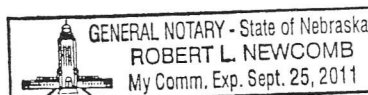


Notary Public signature

The foregoing instrument was acknowledged before me this

by Deepak Gangahar  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

SEP 09 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Linda L. Clare

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Linda L. Clare

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

8/20/08

date

Mark A. Wible

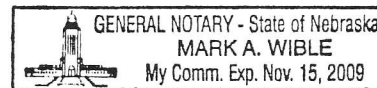
Notary Public signature

The foregoing instrument was acknowledged before me this

by Linda L. Clare

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Patrick E. Clare

Signature of individual involved with application  
(Spouse of individual listed above)

Patrick E. Clare

Printed name of applying individual

State of Nebraska

County of Lancaster

8/20/08

date

Mark A. Wible

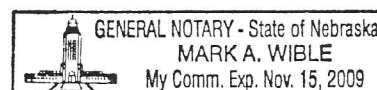
Notary Public signature

The foregoing instrument was acknowledged before me this

by Patrick E. Clare

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED

SEP 09 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Mark A. Wible

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Firethorn Golf Company, LLC

LLC Address: 9301 Firethorn Lane

City: Lincoln State: NE Zip Code: 68520

LLC Phone Number: 402.488.6467 X-104 Fax Number 402.488.8482

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Wible First Name: Mark MI: A

Home Address: 3111 Crown Pointe Rd. City: Lincoln

State: NE Zip Code: 68520 Home Phone Number: 402.486.0232

Mark A. Wible  
Signature of Contact Member

State of Nebraska

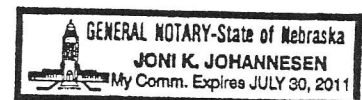
County of Lancaster

The foregoing instrument was acknowledged before me this

8/18/08 by Mark A. Wible  
date name of person acknowledged

Joni K. Johannesen  
Notary Public signature

Affix Seal Here



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Wible First Name: Mark MI: A.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Corinne A. Starman-Wible

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Gangahar First Name: Deepak MI: M

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Kiran Gangahar

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Clare First Name: Patrick MI: E.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Linda L. Clare

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Severin First Name: Roger MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Ann M. Severin

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Schumacher First Name: Jeffrey MI: L.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Laura A. Schumacher

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

List names of all members and their spouses (even if a spousal affidavit has been submitted)

UNION BANK & TRUST CO. custodian for the MARK W. HANSEN Individual Retirement Account

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

~~Social Security~~ <sup>TAX ID</sup> Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): (see attached)

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Iron Prairie, LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

~~Social Security~~ <sup>TAX ID</sup> Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): (see attached)

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

---

---

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: JANUARY 1 Ending Date: DECEMBER 31

---

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

---

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED  
JUL 10 2009  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: Firethorn Golf Company, LLC

**Premise information**

Premise License Number: 62885

Premise Trade Name/DBA: Firethorn Golf Club

Premise Street Address: 9301 Firethorn Lane

City: Lincoln State: NE Zip Code: 68520

Premise Phone Number: 402-488-6467 x-104

**The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.**

Firethorn Golf Company, LLC

By: Mark A. Wilh, Manager

**CORPORATE OFFICER SIGNATURE**

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Wible First Name: Mark MI: A

Home Address (include PO Box if applicable): 3111 Crown Pointe Rd.

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402.486.0232 Business Phone Number: 402.488.6467 X-104

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Starman-Wible First Name: Corinne MI: A

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Tilden NE.

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
<u>Lincoln, NE.</u>					
<u>8316 East Pointe Rd.</u>		<u>7/1997</u> <u>12/01</u>	<u>SAME</u>		
<u>3111 Crown Pointe Rd.</u>		<u>12/01</u> <u>Present</u>	<u>SAME</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>5/2000</u> <u>1/2005</u>	<u>Landscapes Unlimited, LLC</u>	<u>Mike Jenkins</u>	<u>402.420.8228</u>
<u>3/1983</u> <u>5/2000</u>	<u>NATIONAL BANK of Commerce</u>	<u>Mark Hansen</u>	<u>402.434.3462</u>



Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Mark Wible - a couple of speeding tickets over the last 20 years

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

Firethorn Golf Company, LLC

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

*Firethorn Golf Company LLC*

By: *Paul A. White, Manager*  
Signature of Manager Applicant

By: *Corinne A. Hannan-White, CB*  
Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this 8/19/08 by

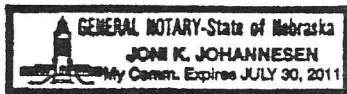
*Joni K. Johannesen*  
Notary Public signature

County of Lancaster

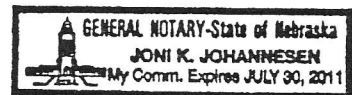
The foregoing instrument was acknowledged before me this 8/19/08 by

*Joni K. Johannesen*  
Notary Public signature

Affix Seal Here



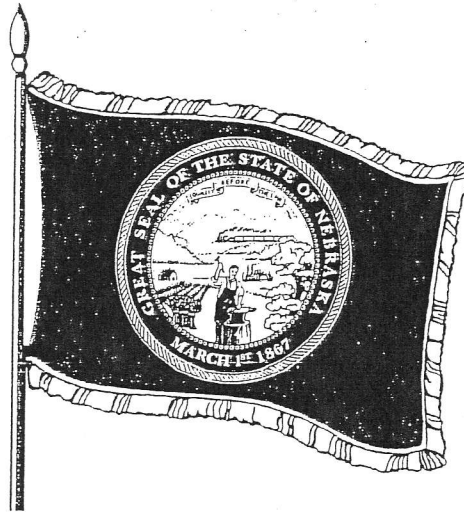
Affix Seal Here



STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of the Articles of Organization  
of

**FIRETHORN GOLF COMPANY, L.L.C.**

with its registered office located in , Nebraska, as filed in this office on  
December 29, 2003.

I further certify that said limited liability company is in existence as of  
this date.

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on December 29, in the  
year of our Lord, two thousand  
three.

*John A. Gale*

SECRETARY OF STATE



RECEIVED  
SEP 08 1995  
NEBRASKA LIQUOR  
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
OCT 4 1995  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
NEBRASKA DEPARTMENT OF HEALTH

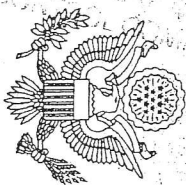
FHS-796(VS)  
REV. 12-54  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

57-021405

BIRTH NO. 126.....

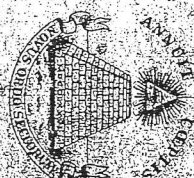
1. PLACE OF BIRTH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Columbus</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Columbus</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR INSTITUTION <u>St. Mary Hospital</u> address or location)		d. STREET ADDRESS (If rural, give location) <u>3210-19th St.</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Jeffrey</u> b. (Middle) <u>Lee</u> c. (Last) <u>Schumacher</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>5</u> <u>26</u>
FATHER OF CHILD			
7. FULL NAME a. (First) <u>LeRoy</u> b. (Middle) <u>Alfred</u> c. (Last) <u>Schumacher</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Platte Center, Nebraska</u>	11a. USUAL OCCUPATION <u>County Assessor</u>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Alvina</u> b. (Middle) <u>Marie</u> c. (Last) <u>Foltz</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Columbus, Nebraska</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy?) <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. LeRoy Schumacher - Mother</u>			
I hereby certify that this child was born alive on the date stated above at <u>7:59 A.</u> m.		18a. SIGNATURE <i>[Signature]</i> 18b. ADDRESS <u>Columbus, Nebraska</u>	
20. DATE RECD BY LOCAL REG. <u>8-24-1997</u>		21. REGISTRAR'S SIGNATURE <i>[Signature]</i> 19. MOTHER'S MAILING ADDRESS <u>3210-19th St. Columbus, Nebraska</u>	



UNITED STATES OF AMERICA  
DEPARTMENT OF STATE

# Certification of Report of Birth of a United States Citizen

159-0509928-1



This is to certify that the birth of LAURA ANN ACKLIE  
born at STUTTGART

(City)

GERMANY

(Name)

SEX FEMALE

On July 31, 1957 was registered with the Consular Service of the United States and a  
Consular Report of Birth was issued at STUTTGART, GERMANY

(Date)

(City/Country)

(Date)

Father

PARENTS

Mother

DUANE WILLIAM ACKLIE

PHYLLIS ANN ACKLIE

Date of Birth

Date of Birth

CONDOLIEZZA RICE

Secretary of State

Authentication Office, Washington, D.C.

FEBRUARY 28, 2008

Date

FORM DS-1350

WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.



WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORDS OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS, AND IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
MAY 27 2001  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

RECEIVED  
SEP 08 2001  
NEBRASKA LIFE OR  
CONTROL COMMISSION

HS-796(VS)  
EV. 4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

50-011537

BIRTH No. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u> d. STREET ADDRESS (If rural, give location) <u>2759 Arlington Street</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Kermit</u> b. (Middle) <u>Kermit</u> c. (Last) <u>Severin</u>		4. DATE OF BIRTH (Month) (Day) (Year) <u>8-16-5</u>	
5. SEX <u>Male</u>	6a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	6b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>8-16-5</u>
7. FATHER OF CHILD a. (First) <u>Kermit</u> b. (Middle) <u>George</u> c. (Last) <u>Severin</u> d. COLOR OR RACE <u>white</u>			
8. AGE (At time of this birth) <u>34</u> Yrs.	9. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Hallam, Nebraska</u>	10. USUAL OCCUPATION <u>Elgin Watch Co.</u>	11. KIND OF BUSINESS OR INDUSTRY
12. MOTHER OF CHILD a. (First) <u>Norma</u> b. (Middle) <u>Marie</u> c. (Last) <u>Lueders</u> d. COLOR OR RACE <u>white</u>			
13. AGE (At time of this birth) <u>33</u> Yrs.	14. BIRTHPLACE (City, town or county) (State or foreign country) <u>Cortland, Nebraska</u>	15. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
16. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Severin — mother</u>			
17. I hereby certify that this child was born alive on the date stated above <u>10:20 a.m.</u>		18a. SIGNATURE <u>George E. Lewis</u> 18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
19. ADDRESS <u>Lincoln Nebr</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Kermit Severin</u> <u>2759 Arlington St.</u> <u>Lincoln, Nebr.</u>	
20. DATE RECD BY <u>10/23/950</u>		21. REGISTRAR'S SIGNATURE <u>Stanley S. Cooper</u>	



KANSAS STATE BOARD OF HEALTH  
Division of Vital Statistics

CERTIFICATE OF LIVE BIRTH

JUL 6 - 1951

BIRTH NUMBER

51 018143

Registrar's No. 158

1. PLACE OF BIRTH a. COUNTY <u>Cloud</u> 152		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Kansas</u> b. COUNTY <u>Cloud</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Concordia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Concordia</u> 152	
c. FULL NAME OF (If NOT in hospital or institution, give street address or hospital or institution) <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>234 W 9th</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Ann</u> b. (Middle) <u>Marie</u> c. (Last) <u>Le Sue</u>			
4. SEX <u>Fe</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (this child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Year) OF BIRTH
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Ronald</u> b. (Middle) <u>Edmund</u> c. (Last) <u>Le Sue</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (at time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kansas</u>	11a. USUAL OCCUPATION <u>Training Consumer Cops Assoc.</u>	11b. KIND OF BUSINESS OR INDUSTRY
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Erin</u> b. (Middle) <u>Le Sue</u> c. (Last) <u>Kansas</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>mother</u>		18a. SIGNATURE <u>L E Dilkin</u>	
18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (specify)		18c. ADDRESS <u>Concordia Kansas</u>	
19. DATE REC'D BY LOCAL REG. <u>7/2/51</u>		20. REGISTRAR'S SIGNATURE <u>G. R. Christensen B</u>	
		21. DATE ON WHICH GIVEN NAME ADDED <u>7 4 June 51</u> (Registrar)	

RECEIVED  
SEP 09 1951  
MISSOURI  
CONTROL COMMISSION

I hereby certify that this child was born alive on the date stated above.

NEBRASKA LIQUOR  
CONTROL COMMISSION

*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity do ordain and establish this  
Constitution for the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

# UNITED STATES OF AMERICA

Type/Type/Typo Code/Design Passport No./No. du

Surname / Nom: Abelino

GANGAHAR

Given Names / Prénoms / Nombres

KIRAN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

# INDIA

Date of issue / Date de délivrance / Fecha de expedición

~~05-Mar-2008~~

Date of expiration / Date d'expiration / Fecha de caducidad

04 Mar 2018

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

P<USAGANGAHAR<<KIRAN<<<<<<<<<<<<<<<<<<<<<<  
4389175759USA5502037F1803046227666598<485408

RECEIVED  
JAN 30 1963  
BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

RECEIVED

SEP 09 2000

NEBRASKA LIQUOR  
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH,  
IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE  
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR  
VITAL RECORDS.

DATE OF ISSUANCE

OCT 9 1996

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
NEBRASKA DEPARTMENT OF HEALTH

PHS-796(VS)  
REV. 12-54  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

58-029167

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <b>Lancaster</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Lancaster</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>6130 Benton</b>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Bryan Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Lincoln</b>	
3. CHILD'S NAME (Type or print) a. (First) <b>Mark</b>		b. (Middle) <b>Alan</b> c. (Last) <b>Wible</b>	
4. SEX <b>male</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) (Day) (Yr.) OF BIRTH
FATHER OF CHILD <b>W-140</b>			
7. FULL NAME a. (First) <b>Richard</b>		b. (Middle) <b>Dale</b> c. (Last) <b>Wible</b>	
8. AGE (At time of this birth) <b>22</b> Yrs.		10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Gage County, Nebr.</b>	
11a. USUAL OCCUPATION <b>Bookkeeping Dept.</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Natl. Bank of Commerce</b>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <b>Shirley</b>		b. (Middle) <b>Gayle</b> c. (Last) <b>Lewis</b>	
14. AGE (At time of this birth) <b>24</b> Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) <b>Lincoln, Nebraska</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Shirley Wible - Mother</b>		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>1</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children stillborn (born dead) 20 weeks pregnancy? <b>0</b>	
I hereby certify that this child was born alive on the date stated above at <b>2:17 A.m.</b>		18a. SIGNATURE <b>[Signature]</b>	
20. DATE REC'D BY LOCAL REG. <b>OCT 4 1996</b>		21. REGISTRAR'S SIGNATURE <b>[Signature]</b>	
		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
		19. MOTHER'S MAILING ADDRESS <b>6130 Benton</b>	

RECEIVED

SEP 08 2000

NEBRASKA LIQUOR  
CONTROL COMMISSION

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH,  
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DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR  
VITAL RECORDS.

DATE OF ISSUANCE

OCT 9 1996

LINCOLN, NEBRASKA

*Stanley S. Cooper*

STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
NEBRASKA DEPARTMENT OF HEALTH

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

61 22640

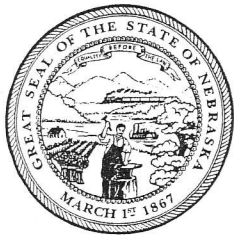
PHS-796(V8)  
REV. 12-54  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

BIRTH NO. 126.....

1. PLACE OF BIRTH a. COUNTY <u>Antelope</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Tilden</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Petersburg, Rural</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Tilden Community</u>		d. STREET ADDRESS Inside City Lim Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <u>Corinne</u> b. (Middle) <u>Ann</u> c. (Last) <u>Starman</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE (Month) . (Day) (Y) OF BIRTH
FATHER OF CHILD <u>5-365</u>			
7. FULL NAME a. (First) <u>Wilfred</u>		b. (Middle) <u>Henry</u> c. (Last) <u>Starman</u>	
8. AGE (At time of this birth) <u>37</u> Yrs.		9. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Elgin, Nebr.</u>	
10. AGE (At time of this birth) <u>37</u> Yrs.		11a. USUAL OCCUPATION <u>Farming</u>	
11b. KIND OF BUSINESS OR INDUS		12. COLOR OR R. <u>White</u>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Genevieve</u>		b. (Middle) <u>Rosemary</u> c. (Last) <u>Klein</u>	
13. AGE (At time of this birth) <u>34</u> Yrs.		14. BIRTHPLACE (City, town or county) (State or foreign country) <u>Reaville, Nebr.</u>	
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>7</u>		b. How many OTHER children were born alive but are now dead? <u>0</u>	
16. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Starman, Mother</u>		17. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) c. How many children stillborn (born dead at 20 weeks pregnancy)? <u>0</u>	
18a. SIGNATURE <i>Robert E. Ben</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <u>Tilden, Nebr.</u>		19. MOTHER'S MAILING ADDRESS <u>Petersburg, Nebr.</u>	
20. DATE RECD BY LOCAL REG. <u>10/24/96</u>		21. REGISTRAR'S SIGNATURE <i>G. E. Backwith</i>	







Dave Heineman  
Governor

FILED

# STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

**Hobert B. Rupe**

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

SEP 12 2008

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

RECEIVED

SEP 15 2008

TECHNICAL  
INVESTIGATIONS UNIT

Admin  
Approve

September 11, 2008

Lincoln City Clerk  
555 So 10<sup>th</sup>  
Lincoln NE 68508

RE: Firethorn Golf Company LLC dba Firethorn Golf Club, 9301 Firethorn Lane,  
Lincoln, Liquor license #62885

Dear Clerk

The above licensee has submitted a request for deletion of a portion of the golf course, highlighted in yellow of attached sketch, due to annexation into the city limits.

Please present this request to your city council and send us a copy of their recommendation.

If recommendation of denial or no recommendation is made, the Commission has no alternative but to cease processing this request.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman  
Licensing Division

mm

cc: file

Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

Robert Batt  
Commissioner



# APPLICATION FOR DELETION TO LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

**COPY**

City  
Office Use

RECEIVED

SEP 19 2008

NEBRASKA LIQUOR CONTROL COMMISSION

## Application:

- Must include processing fee of \$45.00 made payable to Nebraska Liquor Control Commission
- Must include simple sketch showing existing licensed area and area to be deleted, include dimensions in feet (not square feet), direction north. No blue prints.
- May include a letter of explanation

LIQUOR LICENSE # 62885

LICENSEE NAME Firethorn Golf Company, LLC

TRADE NAME Firethorn Golf Club

PREMISE ADDRESS 9301 Firethorn Lane

CITY Lincoln

CONTACT PERSON Mark Wible, Manager

PHONE NUMBER OF CONTACT PERSON 402.488.6467 X-104

Mark A. Wible

Print Name of Signature

Firethorn Golf Company, LLC

By: Mark A. Wible, Manager  
Signature of Licensee or Officer

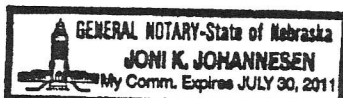
State of Nebraska

County of Lancaster

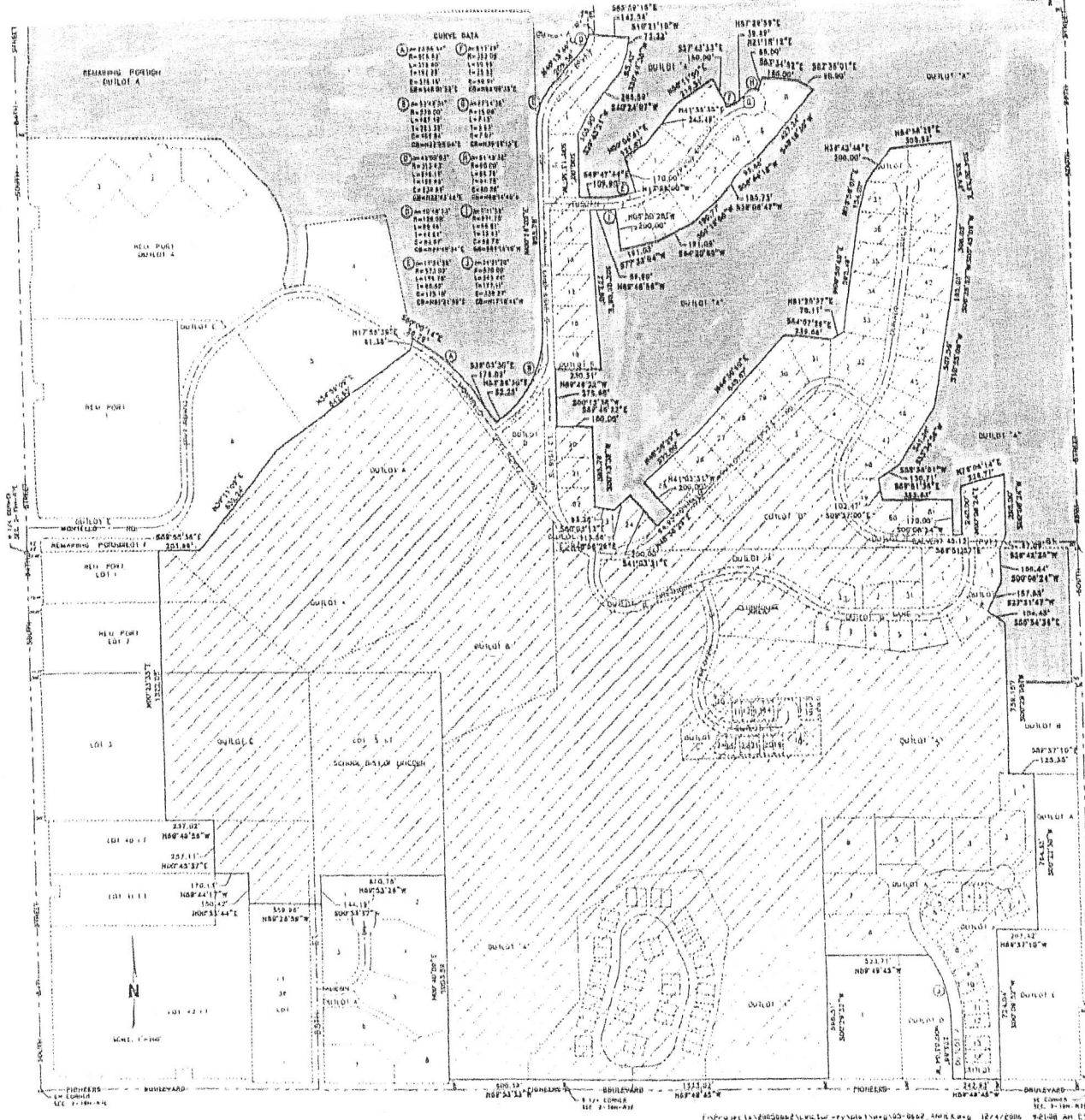
The forgoing instrument was acknowledge before  
me this 8/19/08  
Date

Joni K. Johannesen  
Notary Public Signature

Affix Seal Here



Bus 8116  
90182  
mm



= property  
Annexed + moving  
to City license

= property  
remaining under  
License # 62885

RECEIVED  
CITY OF CHICAGO  
OFFICE OF THE CLERK  
JAN 11 2011

PROPOSED ANNEXATION/CHANGE OF ZONE  
LEGAL DESCRIPTION EXHIBIT